

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Memorial Medical Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 307 W Cypress St San Antonio, TX 78212	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</p> <p>Based on observation, interview, and record review, the facility failed to ensure an adequate communication system to allow residents to call for staff assistance for 1 of 6 rooms (Room # 1's room) on the PCC hallway reviewed for an operating call light system.</p> <p>The facility failed to ensure Resident #1's room had an operating call light system.</p> <p>This deficient practice could place residents at-risk of not being able to call for staff assistance to meet care needs.</p> <p>The findings include:</p> <p>Record review of (Resident #1's) face sheet, dated 1/22/25, revealed an admitted [DATE] for the [AGE] year male with diagnoses which included: type 2 diabetes(a condition in which the body does not control blood sugar), essential hypertension(a condition in which high blood pressure develops), and unspecified gout (a painful form of arthritis).</p> <p>Record review of (Resident #1's) Quarterly MDS assessment, dated 11/29/24, revealed the resident had a BIMS score of 13, which indicated intact cognition. Resident #1 needed moderate assistance with ADL care.</p> <p>Record review of (Resident #1's) care plan, initiated on 2/1/24 revealed the resident was at risk for injury due to a history of falls and that call light accessibility was monitored.</p> <p>Observation on 1/21/25 at 2:40 p.m., revealed that the call light for Resident #1 was not working with a visible light above the resident room when the call light was engaged and an audible call signal was not heard at the nurses station</p> <p>During an interview on 1/21/25 at 2:45 p.m., Resident #1 stated that he does use his call light sometimes to request nursing assistance. Resident #1 stated he was not aware the call light was not working.</p> <p>During an interview on 1/21/25 at 3:10 p.m., with the Maintenance Director he stated that Resident #1's call light was not working with a visible light above the resident room or an audible call signal heard at the nurses station when the call light was engaged. He stated that he was not made aware of the call light malfunction and would repair it immediately.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/21/25 at 3:20pm with LVN-B she stated that she was not aware of the call light malfunction. LVN-B stated that a working call light system was necessary in order for resident care needs to be met.</p> <p>Review of Facility's policy titled Answering the Call Light dated 07/23 revealed the call light is to be plugged in and operating at all times.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</p> <p>Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 1 (West Hall Downstairs) of 4 resident hallways reviewed for environmental concerns.</p> <p>On [NAME] Hallway Downstairs- the facility failed to repair the overhead 5x2 ft light in the unmarked resident shower room on the right side of the resident hallway between resident rooms [ROOM NUMBERS] which was not operable and the overhead 1 ft circular ceiling heater in the unmarked resident shower room on the left side of the resident hallway between rooms [ROOM NUMBERS] was not operable.</p> <p>These failures could place residents at risk of a diminished quality of life due to exposure to an environment that was unpleasant and unsafe.</p> <p>The findings included:</p> <p>During an observation on 01/22/25 from 10:20 a.m to 10:30 a.m. with the Maintenance Director and the Assistant Director of Nurses(ADON-A) revealed the following:</p> <p>a- in the unmarked resident shower room on the right side of the resident hallway between resident rooms [ROOM NUMBERS] the overhead ceiling light which measured approximately 5x2 ft would not turn on when the light switch was engaged.</p> <p>b-in the unmarked resident shower room on the left side of the resident hallway between resident rooms [ROOM NUMBERS] the overhead ceiling heater which measured approximately 1 foot in diameter would not turn on when the on/off switch was engaged.</p> <p>During an interview with the Maintenance Director and the ADON-A on 01/22/25 at 10:35 a.m. the Maintenance Director stated that he was not made aware by staff that the overhead ceiling light and heater in the resident shower rooms which were being used were in-operable. He stated that that diminished lighting in the resident shower room could affect resident safety. The Maintenance Director stated he would repair the overhead light and overhead heater. The Assistant Director of Nurses stated that she was not aware that the overhead light and heater in the resident shower rooms which were being used were inoperable. She stated that the diminished lighting in the resident shower room could affect resident safety.</p> <p>Record review of the facility's policy on Maintenance Service dated 12/2009 revealed the buildings, grounds, and equipment would be maintained in a safe and operable manner at all times.</p>		